

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: _____		2 Serial/Patent # <u>10/521025</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 60%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 5%;">6 AMOUNT</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$ 50</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment			\$ 50	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ 50</div>			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 60%;">Overpayment</td><td rowspan="3" style="width: 15%; text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 8 TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08--0750 </div> </div> </td><td rowspan="3" style="width: 15%;"></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 8 TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08--0750 </div> </div>		<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	9 <div style="border: 1px solid black; padding: 2px; display: inline-block;">08--0750</div>																																												
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<div style="font-size: 1.2em; font-family: cursive;">Rule change - 08 Dec 2004</div>																																																						
11 REFUND REQUESTED BY: _____																																																						
TYPED/PRINTED NAME: _____		TITLE: <u>Supervisor</u>																																																				
SIGNATURE: <u>Terry M. Johnson</u>		PHONE: <u>703-308-9140</u>																																																				
OFFICE: <u>DDO/ED</u>		<u>X221</u>																																																				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																						
APPROVED: _____		DATE: _____																																																				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: